Guiding Principles for Determining Information Exchange Architecture Implementation

1. We will utilize Markle Foundation's Common Framework for initial guidance in establishing health information exchange technology and policy:
    a. Technology Principles
        i. Make it "Thin"
        ii. Avoid "Rip and Replace"
        iii. Separate Applications from the Network
        iv. Decentralization
        v. Federation
        vi. Flexibility
        vii. Privacy and Security
        viii. Accuracy
    b. Policy Principles
        i. Openness and Transparency
        ii. Purpose Specification and Minimization
        iii. Collection Limitation
        iv. Use Limitation
        v. Individual Participation and Control
        vi. Data Integrity and Quality
        vii. Security Safeguards and Controls
        viii. Accountability and Oversight
        ix. Remedies

2. We will use non-proprietary standards and interoperability specifications established by Health Information Technology Standards Panel, Certification Commission for Health IT or NCVHS Nationwide Health Information Network Functional Specifications, or from recognized standards development organizations (e.g., HL7, OASIS, DICOM) or recognized standards selection organizations (e.g., IHE). We will not develop/promote non-standard or proprietary architectures.

3. We will allow regional health information organizations to establish and implement architectures that meet the local market needs, with the state providing common infrastructure components based on availability of existing state IT assets or ease of implementation.

4. We will focus on HIE solutions that accelerate clinical information exchange access and use by health care professionals near-term, recognizing and planning for incremental enhancements to both clinical information breadth and depth (adapted from HIMSS-HER Vendors Association Interoperability Roadmap, http://www.himssehrva.org)
    a. Phase 1: Share Care Status Information: Structured medical summaries support transition of care among providers.
    b. Phase 2: Share Diagnostic Results and Therapeutic Information: Adds patient-created information and emergency summaries plus e-Lab and e-Prescription, with selected coded information.

c. Phase 3: Advanced Clinical Support and Access Control: Extends access control, exchange of continuity of care documents and dynamic queries for medications and allergies with extensively coded information.
d. Phase 4: Collaborative Care, Active Quality Reporting and Health Surveillance: Introduces workflow-oriented collaborative services and the second generation of public health surveillance and quality reporting.

5. We will identify consumer specific HIE and HIT solutions when they become widely available. We will promote consumer access via HIT tools currently provided by their care provider or other HIPAA-designated entity (e.g., insurance carrier.)
6. We will identify and promote use of existing state IT assets to increase value of information exchange for both private and public sector health care delivery.